## 

Fill in this information to identify	your ouse.			
Debtor 1 First Name	Middle Name	Last Name		
Debtor 2	Wildle Haine	Lust Name		
(Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	District of			
Case number(If known)			Check if th	
				ended filing
				e as of the following date:
Official Form 106I			MM / D	D/ YYYY
Schedule I: You	ır Income			12/15
supplying correct information. If yo	ou are married and not filingse is not filings with you, of top of any additional pag	ng jointly, and your a do not include inform	spouse is living with yn ation about your spou	or 2), both are equally responsible for ou, include information about your spouse. use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ☐ Not employed		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.				
Occupation may include student or homemaker, if it applies.	Occupation			
	Employer's name			
	Employer's address			
		Number Street		Number Street
			7700	
		•	tate ZIP Code	City State ZIP Code
	How long employed then	re?		
Part 2: Give Details About	Monthly Income			
		n. If you have nothing	to report for any line, wr	rite \$0 in the space. Include your non-filing
spouse unless you are separated.  If you or your non-filing spouse ha	ave more than one employe	r, combine the inform	ation for all employers fo	or that person on the lines
below. If you need more space, at	tach a separate sheet to th	is form.		
			For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sala deductions). If not paid monthly,			<sup>2.</sup> \$	\$
3. Estimate and list monthly over	time pay.	3	3. <b>+</b> \$	+ \$
4. Calculate gross income. Add lin	ne 2 + line 3.	4	\$	\$

Official Form 106l Schedule I: Your Income page 1

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Case number (if known)\_

Debtor 1

First Name	Middle Name	Last Name	

			For Debtor 1		For Debtor 2			
Co	ppy line 4 here	4.	\$		\$			
5. <b>Lis</b>	et all payroll deductions:							
5	a. Tax, Medicare, and Social Security deductions	5a.	\$		\$			
	b. Mandatory contributions for retirement plans	5b.	\$	_	\$			
5	c. Voluntary contributions for retirement plans	5c.	\$	_	\$			
5	d. Required repayments of retirement fund loans	5d.	\$	_	\$			
5	e. Insurance	5e.	\$	_	\$			
5	f. Domestic support obligations	5f.	\$	_	\$			
5	g. <b>Union dues</b>	5g.	\$	_	\$			
5	h. Other deductions. Specify:	5h.	+\$	_	+ \$			
6. <b>A</b>	dd the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	_	\$			
7. <b>C</b>	calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	_	\$			
8. <b>L</b> i	st all other income regularly received:							
8	Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	_	\$			
8	b. Interest and dividends	8b.	\$	_	\$			
8	<ul> <li>Family support payments that you, a non-filing spouse, or a depende regularly receive</li> </ul>	nt						
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	_	\$			
8	d. Unemployment compensation	8d.	\$	_	\$			
8	e. Social Security	8e.	\$	_	\$			
8	if. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	_	\$			
5	g. Pension or retirement income	8g.	\$		\$			
		_		_				
	th. Other monthly income. Specify:	8h.	+\$	- -	+\$			
9. 🛕	dd all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	_	\$			
	alculate monthly income. Add line 7 + line 9.  dd the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	+	\$		= 5	S
In fri D	tate all other regular contributions to the expenses that you list in Scheoolide contributions from an unmarried partner, members of your household, yends or relatives.  In not include any amounts already included in lines 2-10 or amounts that are	our d	ependents, your ro			dule J.	_	
S	pecify:				-	11.	T :	S
	dd the amount in the last column of line 10 to the amount in line 11. The rite that amount on the Summary of Your Assets and Liabilities and Certain S				•	12.	Ç	8
13. <b>C</b>	o you expect an increase or decrease within the year after you file this f	orm?	,					Combined nonthly income
	No.  Yes. Explain:							